

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014967

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 59

FILED APR 23 1962

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Jefferson Twp</u>		c. CITY OR TOWN <u>Bethany</u>	
Length of stay in 1b <u>3 minutes</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 Miles North of Bethany</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles West of Bethany</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Dale</u> Middle <u>Lee</u> Last <u>Ramey</u>			4. DATE OF DEATH Month <u>April</u> Day <u>19</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 19, 1939</u>	9. AGE (last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>		11. BIRTHPLACE (City and state or country) <u>Martinsville, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Ramey</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie J. Gibson</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>John Ramey RFD #3 Bethany, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken neck caused by impact at once</u>		INTERVAL BETWEEN ONSET AND DEATH	

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) one car accident
Passing truck at high speed - going over
DUE TO (c) embankment and hitting a tree

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>one car accident</u>
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20c. TIME OF INJURY
Hour 11:30 a.m. Month, Day, Year April 19 62

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. 69 2 1/2 miles north Bethany</u>	20f. CITY, TOWN, OR LOCATION <u>Bethany</u>	COUNTY <u>Harrison</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____, to _____ and last saw him alive on _____.
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ernest L. Wood</u>	(Degree or title) <u>D.O. coroner</u>	22b. ADDRESS <u>Bethany, Missouri</u>	22c. DATE SIGNED <u>4-20-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-21-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	23d. LOCATION (City, town, or county) <u>Martinsville Missouri</u>
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24. FUNERAL DIRECTOR <u>W. George North Bethany, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-20-1962</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayes</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/591 04102 04103 14 05 06 07 08 29 X10 X11 04112 91-313 1-0

JUL 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987
P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.